U.S. Department of Labor Office of Labor-Management Eundards Washington, DC 20210

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
E Special READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
OLMS & SE	
1. File Number U -	2. Fiscal Year Covered From:
,	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JOHN L GIUCHICI	Name IBEW LOCAL UNION 1547
·	Labor Organization File Number 019-504
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3333 DENALI ST., STE. 200	Street 3333 DENALI ST., STE. 200
City ANCHORAGE	City ANCHORAGE
State Alaska ZIP Code + 4 99503	State Alaska ZIP Code + 4 99503
5. Position in labor organization.  ASSISTANT BUSINESS MANAGER	
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	se or minor child directly or indirectly had any of the following interests sions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or omentary value from an employer whose employees your organization.	lerived income or other economic benefit of
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Signa	ture
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyir undersigned's knowledge and belief, true, correct, and complete. (See the section)	10 documents), has been evargined by the signatory and is, to the boot of the
Signes That Milding	
The state of the s	On 8/15/05 967-777-723    Date Telephone Number

Name of Person Filing JOHN GIUCHICI	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name ALASKA ELECTRICAL TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 2600 DENALI ST., STE. 200  City ANCHORAGE  State Alaska ZIP Code + 4 99503	9. Business deals with:   a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name IBEW LOCAL UNION 1547  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 3333 DENALI ST., STE. 200  City ANCHORAGE  State Alaska ZIP Code + 4 99503	11.a. Nature of such dealing.  ADMINISTERS BENEFIT TRUST FUNDS FOR MEMBERS OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL UNION 1547  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  EXPENSE REIMBURSEMENTS FOR VARIOUS PENSION TRUSTEE MEETINGS AND RELATED CONFERENCES HELD IN 2004			
	12.b. Amount. \$5,443			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name	Translation of the state of the			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any  Street  City  State Other ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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Name of Person Filing JOHN GIUCHICI	File Number U-	

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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name MERCER CONSULTING	a. Labor Organization
Trade Name, if any:	a. Labbi Organization
P.O. Box, Bldg., Room No., if any ONE UNION SQUARE	b. Trust
Street 600 UNIVERSITY ST., STE. 3200	c. Employer
	housed
City SEATTLE	
State Washington ZIP Code + 4 98101-3137	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ALASKA ELETRICAL TRUST FUNDS	CONSULTANT
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Annual Control of the
Street 2600 DENALI ST., STE. 200	
City ANCHORAGE	
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	TRUSTEE DINNER HELD FEBRUARY 25, 2004
	*
	12.b. Amount. TO FRECS of \$25

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Name of Person Filing JOHN GIUCHICI		File Number U-	
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name UNION BANK OF CALIFORNIA	
Trade Name, if any:	a. Labor Organization
to a sea of the control of the contr	b. Trust
P.O. Box, Bldg., Room No., if any	Constitution of the consti
Street 655 NORTH CENTRAL AVE., STE. 2300	c. Employer
City GLENDALE	
State California ZIP Code + 4 91203	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ALASKA ELECTRICAL TRUST FUNDS	MONEY PURCHASE PENSION PLAN RECORDKEEPER
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The state of the s
Street 2600 DENALI ST., STE. 200	
City ANCHORAGE	
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.
(makes an analysis) of the habitum and an analysis of proposition and an analysis of the second of t	12.a. Nature of interest held or income received.
	TRUSTEE DINNER HELD FEBRUARY 26, 2004
	J.
	12.b. Amount. In Excess y \$25

Name of Person Filing JOHN GIUCHICI	File Number U-	

Name and address of Business (including trade name, if any).	9. Business deals with:
Name WESTERN ASSET MANAGEMENT COMPANY	
Trade Name, if any:	a. Labor Organization
Expression of the control of the con	
P.O. Box, Bldg., Room No., if any	National III
Street 385 E COLORADO BLVD.	c. Employer
City PASADENA	
State California ZIP Code + 4 91101	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ALASKA ELECTRICAL TRUST FUNDS	PENSION PLAN ADMINISTRATOR
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2600 DENALI ST., STE. 200	
City ANCHORAGE	
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	TRUSTEE DINNER HELD JUNE 23, 2004
	The state of the s
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	12.b. Amount. In Excess a \$25

Name of Person Filing	JOHN GIUCHICI		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PIMCO	(manage	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	D. Trust	
Street 840 NEWPORT CENTER DR., STE. 100	c. Employer	
City NEWPORT BEACH		
State California ZIP Code + 4 92660		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ALASKA ELECTRICAL TRUST FUNDS	PENSION PLAN INVESTMENT MANAGER	
Trade Name, if any:		Compression and the compre
P.O. Box, Bldg., Room No., if any		none of the sealest and the se
Street 2600 DENALI ST., STE. 200		
City ANCHORAGE		
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	TRUSTEE DINNER HELD JUNE 24, 2004	
	·.	THE VALLESAN
		disasteria and
	Tenant and the second	а
		\$
	12.b. Amount.	In excen of \$25

Name of Person Filing JO	HN GIUCHICI	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name WADDELL & REED ASSET MANAGEMENT GROUP	a lakes Oranization
Trade Name, if any:	a. Labor Organization
generation and the second and the se	b. Trust
P.O. Box, Bldg., Room No., if any	(23)
Street 6300 LAMAR	c. Employer
City OVERLAND PARK	
State Kansas ZIP Code + 4 66202	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ALASKA ELECTRICAL TRUST FUNDS	PENSION PLAN INVESTMENT MANAGER
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2600 DENALI ST., STE. 200	
City ANCHORAGE	
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	TRUSTEE DINNER HELD NOVEMBER 17, 2004
	*
	12.b. Amount. In Acen of \$25
	The additional and the control of th

the state of the s	
Name of Person Filing JOHN GIUCHICI	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ALLIANCE BERNSTEIN		
Trade Name, if any:	a. Labor Organization	
Australia principio del fini de la manda del manda del manda de la	b. Trust	
P.O. Box, Bldg., Room No., if any		
Street 1345 AVENUE OF THE AMERICAS	c. Employer	
City NEW YORK		
State New York ZIP Code + 4 10105-0096		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name ALASKA ELECTRICAL TRUST FUNDS	PENSION PLAN INVESTMENT MANAGER	**************************************
Trade Name, if any:		
naue Name, It any.	7,615	
P.O. Box, Bldg., Room No., if any		Y PARTICLE STATE OF THE STATE O
Street 2600 DENALI ST., STE. 200		. Caramana C
City ANCHORAGE		the control of the co
- Carlot Control Contr		
State Alaska ZIP Code + 4 99503	11.b. Approximate dollar value of such dealing.	
·	12.a. Nature of interest held or income received.	
	TRUSTEE DINNER HELD NOVEMBER 18, 2	004
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		and the second s
	12.b. Amount.	\$229